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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

DANICA BULOVIC
325 PALMER TERRACE APT. 2C
MAMARONECK, NY 10543-2458

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

THE STOP & SHOP SUPERMARKET COMPANY, QUINCY CENTER PLAZA, QUINCY, MASSACHUSETTS, 02169, EMPLOYER
AND
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION-INDUSTRY PENSION FUND FUTURE SERVICE PENSION PLAN

Jury Trial: ☒ Yes ☐ No
(check one)

16CV 4737

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff
Name DANICA BULOVIC
Street Address 325 PALMER TERRACE, APT. 2C
County, City WESTCHESTER, MAMARONECK
State & Zip Code NEW YORK 10543-2458
Telephone Number (914) 698-1173

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1
Name THE STOP & SHOP SUPERMARKET Co
Street Address QUINCY CENTER PLAZA, QUINCY

County, City Quincy
State & Zip Code MASSACHUSETTS, 02169
Telephone Number 1-800-767-7772

Defendant No. 2
Name UNITED FOOD & COMMERCIAL WORKERS
Street Address INTERNATIONAL UNION- INDUSTRY
County, City PENSION FUND- FUTURE SERVICE PENSION PLAN
State & Zip Code P. O. Box 6000 FRANKFORT,
Telephone Number ILLINOIS 60423-6000
312-649-1200, 800-531-2385

Defendant No. 3
Name
Street Address
County, City
State & Zip Code
Telephone Number

Defendant No. 4
Name
Street Address
County, City
State & Zip Code
Telephone Number

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than $75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal Questions ☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? "Pension Annuitants Protection Act of 1994," 103 Congress of U.S.A, 25th day of January 1994. Section 502(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132(a) as amended. Sec. 5 EFFECTIVE DATE: LEGAL PROCEEDING BROUGHT ON OR AFTER May 31, 1993.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship
Defendant(s) state(s) of citizenship

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? ______

B. What date and approximate time did the events giving rise to your claim(s) occur? ______

C. Facts: 1. United Food and Comercial Workers ("U.F.C.W") International Union-Industry Pension Fund maintains The Pension Plan and Trust, within meaning of The Employee Retirement Income Security Act of 1974 ("ERISA") Section 3(2), (29.U.S.C. 1002(2). Defined benefit plan, which provides retirement income to employees, who have covered employment under the FUTURE SERVICE PLAN, which became effective on July 1, 1984, for which Employers contributions are required to be paid to the Future Service Plan, according to collective bargaing Agreements, under which Plaintiff had covered employment for 11 (eleven years), from April 19, 1989 to December 1999, and separated from Service on January 1, 2000.

2. Plaintiff worked for Private Co. "Ahold"-Stop and & Shop, which Co. operated undernames: The FIRST National Supermarket, FINAST-a.d.b. Edwards, Stop & Shop, Waldbaums, for

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

~~U.F.C.W-International Uniom covered pension plan~~, as cashier, covering eligible employees of the International Union and its chartered bodies-Local Unions UFCW 1500 and UFCW 338, affiliated funds: Stop & Shop and A&P.

3. The Future Service Plan was funded by plan's participants, as "Ahold"-Stop & Shop, on July 1, 1984 with Reciprocity Agreement effective January 1, 1989. All accorging to Summary Plan Description July 2013 edition.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

In October 2013 Plaintiff received Summary Plan Description, July 2013 edition, from The Future Service Pension Plan, which covers Plaintiff's period of employment from 1989 to 2000.

"This booklet is complete and up to date as of July 1, 2013 and replace and supersedes any prior Summary Plan Description".

Court's opinion and order regarding overdue pension benefits, in accordance with the documents, bargaining Agreements, governing the plan under ERISA, will be greatly appreciate.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of June, 2016

Signature of Plaintiff: Danica Bulovic

Mailing Address: 325 Palmer TERRACE
APT. 2C
Mamaroneck, NY 10543-2458

Telephone Number: (914) 698-1173

Fax Number *(if you have one)* ______

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _______________, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: ______

Inmate Number ______

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FROM: DANICA BULOVIC
325 PALMER TERRACE
APT. 2C
MAMARONECK, NY 10543-2458

TO:

PRO SE OFFICE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
U.S. COURTHOUSE
300 QUARROPAS STREET
WHITE PLAINS, NY 10601

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